



HIGH SCHOOL SPRING SWIM GROUP

Overview: 8th – 12th graders. Ten week intensive training program designed to prepare swimmers for the summer swim season. Focus is on technical development of the four competitive swim strokes, aerobic training, and race strategies specific to summer league swimming. Swimmers need to wear athletic shoes to practice as we will be conducting dryland training also. Open to BSRC members AND a *limited* amount of nonmembers.

Dates: 10 weeks! February 25th – May 11th *(No practices from April 1-5, Spring Break)*

Training Days and Times: **Mon, Tue and Thur 7:00-8:30pm** **Saturdays 8:00-9:30am**

Coaches: The program will be coached primarily by BSRC Aquatic Director George Massey. Coach George has been a swim coach for over 30 years. He was the Head Coach at Burkwood Aquatic Club (BAC) for 9 years where he brought the team to the top 6% in the country and coached swimmers to national qualifying standards and Division I college swim teams. He is currently the Head Coach for Hanover High School. George is an American Swim Coaches Association (ASCA) Level 4 (out of 5) coach.

Equipment: Fins. These can be purchased the first day of practice. Cost is \$22.00. Goggles and caps (if necessary). Caps and goggles can be purchased at Burkwood also.

Cost: Members: \$105.00. \$80.00 for each additional sibling.
Nonmembers: \$205.00. \$160.00 for each additional sibling.
Make checks payable to "BSRC".

Competition: Competitions offered in March and April. See meet schedule.

How Do I Sign Up: Fill out the attached registration form. Return it to the BSRC fitness center front desk along with payment or mail to P.O. 1537, Mechanicsville, VA 23116. You will be contacted via email when your registration form has been received. Class space is limited.

Questions??: Contact the Aquatics Director, George Massey at 730-2472 or aquatics@burkwoodclub.com



BURKWOOD SWIM AND RACQUET CLUB HIGH SCHOOL SPRING SWIM GROUP REGISTRATION FORM



DATE: _____

Parent Name: _____

BSRC # (if applicable) _____

Phone Number: _____

Email address: _____

First Child's Name: _____

Age: _____

Second Child's Name: _____

Age: _____

Third Child's Name: _____

Age: _____

COST

BSRC MEMBER:	\$105.00 for first child	\$80.00 for each additional child
NONMEMBER:	\$205.00 for first child	\$160.00 for each additional child

MEDICAL WAIVER

I HEREBY RELEASE, BURKWOOD SWIM AND RACQUET CLUB, AND ALL STAFF FROM ALL RESPONSIBILITY, ACCIDENT, OR INJURY INCURRED WHILE PARTICIPATING IN THE SWIM TRAINING FOR KIDS PROGRAM.

FURTHERMORE, I AUTHORIZE BSRC PERSONNEL TO SUMMON APPROPRIATE MEDICAL ATTENTION FOR MY CHILD IN THE EVENT OF MY ABSENCE.

I HAVE READ AND UNDERSTOOD THE FOREGOING RELEASE AND I AGREE TO THE ABOVE TERMS.

Signature: _____

Date: _____

TURN IN THE FORM, ALONG WITH PAYMENT (see page two) TO "BSRC" TO THE FRONT DESK, OR MAIL TO BSRC, ATTENTION: AQUATICS, PO BOX 1537 MECHANICSVILLE, VA 23116. You will receive an email confirmation.



TIME TO GET WET!